CSINetworkServices
an Option Care Health company

BILLING AND ACCOUNTS RECEIVABLE GUIDE

ELECTRONIC SUBMISSION

- **Process claims electronically through Availity to CSI in a batch format using our CSI payer ID #34186**
- **Confirm with your vendor/clearinghouse your software system has been setup to have the capability to upload batch files of X12 EDI transactions and can support an FTP (File Transfer Protocol) connection**
- **For Assistance with setting up electronic billing contact your EMR software vendor as well as your Clearinghouse and Availity @ 800-282-4548 or log onto Availity at www.availity.com**
- **Claims electronic format should be either (837P or 837I)**
- **Availity is the intermediary and only passes the claim from the agency's software vendor to us. CSI does not receive reporting from Availity on any submitted claims**
- **If hard copy claims are needed until you are setup electronically you can email them to our Claims Resolution team at agencyclaims@optioncare.com include a log sheet listing patient's name, dates of service and billed amount**

BILLING

Please refer to your contract for payer specific billing requirements

- Setup your system with each payer specific rate following the rate sheet in your contract that has the corresponding revenue code and HCPC code and reimbursement rate for each service/discipline as *fee for service or episodic indicated on payer's fee schedule*
- Agencies can bill CSI daily, weekly, or bi-weekly we do not recommend going any longer than a month
- CSI must have a referral on file with corresponding dates of service to bill claims (refer to our portal guide)
- Plans managed by Carelon go to the Carelon portal to start your authorization process. CSI will capture that patient's data from a daily roster. To show on the roster you Must choose CSI under Network Provider (tab 4) when securing your authorization
- Medicare Advantage claims must have a PDGM HIPPS code and value code 61 with appropriate 5-digit CBSA and Value code 85 with appropriate FIPS code
- Medical Mutual Medicare Advantage Ohio episodic claims also need the occurrence code 50 on the claim
- All claims for HHA must include either SN or PT on the claim, this is a requirement of payers to ensure oversight of HHA visit
- BID visits should be on the same claim to avoid rejecting for duplicate listed on separate line

RELEASING CLEAN CLAIMS TO CSI

All claims released to CSI must be complete with accurate information to be billable to the Payer

- **Submit claims within seventy-five (75) days of the date of services rendered**
- Check patient's information for accuracy, name, date of birth, and address including insurance identification information
- Bill on either a UB04 or HCFA 1500 claim form – All Medicare Advantage and Anthem claims MUST be on a UB04
- Confirm contracted codes, units, number of visit's allowed, and date range correlates with your authorization (if required)
- Skilled nursing use - RN G0299 or LPN G0300, SN IV 99601 and SN IV Hourly 99602 if authorized
- Bill with primary ICD-10 code pertaining to homecare services and up to five subsequent codes
- Review your Medicare Advantage claims to confirm the required value codes, and current PDGM HIPPS code are on the claim
- Follow the payer specific requirements for MMO episodic billing, 30-day period of care, value codes 61 and 85, occurrence code 51 and ensure the accurate HIPPS codes are used
- Submit claims with list price or contract amount
- Referring physician with their NPI must be on the claim and be PECO certified for MDCR Advantage claims
- Agency's complete name and address with NPI
- Do not bill two separate years of service on the same claim even when these services are within the same episode of care

Reports

CLAIMS ON FILE REPORT (COF)

- This report can be setup to send to your agency weekly or bi-weekly by completing the *Email Confirmation for Reports* form and will be sent to the team members assigned to the reporting.
- To change/add an email recipient, complete the *Email Confirmation for Reports* form, and send via email to your Contracting Representative or agencyupdategroup@optioncare.com
- Your agency should monitor this report to confirm all released claims from your clearinghouse are at CSI and released to the payer
- This report will also show all activity on the claim, balances, check dates and check numbers as well as partial payments and if an unpaid balance has been transferred to a secondary payer i.e., self-pay or another insurance plan. This is an ongoing report and can be manipulates, to show a specific period by using the drop down on the headers
- It is best to align your AR to the contract rates for the different payers for reimbursement, which will then match your COF report (column Q) labeled as AP invoice amount
- Claims that CSI rejects will not show on this report, they will show on your EOP (*Explanation of Payment*) they can be corrected and released again electronically to CSI providing it is within the payers' allowable time limit.
- If a claim is not on this report after 10 days from your released date at the clearinghouse and is not on an EOP report check with your clearinghouse and release it again through Availity

- Different columns on your COF
  - **Column A** Report Type Shows whether the claim is presented at claim-level, or line-item level.
    - All claims with a CSI billed date of 02/07/2025 will show as line-item level.
  - **Column C** Line-item ID shows a unique internal ID for each line item to distinguish from the others. –
    - Will be blank for claim-level processing.
  - **Column D** Primary Payer
  - **Column E** will inform you of a balance transferred to a secondary payer such as another payer, or patient responsibility. If uncollectable is noted, CSI is unable to bill the secondary such as Medicare/Medicaid and the unpaid balance should be billed by your agency
  - **Column F** will inform you of denials or reason for the partial payments
  - **Column G** Displays the agency-contracted service codes for each line-item. Will be blank for claim-level processing.
  - **Column N** Provides you with the date CSI billed the payer for that claim
  - **Column Q Agency expected amount**
  - **Column T** shows the unpaid balance
  - **Column U** will inform you of a check date and once processed Column V will provide the check number for that reimbursement
  - All other Column's will provide claims and patient information.
  - Columns can also be altered to specific dates using the drop down on the headers
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EOP (Explanation of Payment)

EOP (Explanation of Payment) Report are emailed weekly and correspond with the electronic check paid for that week. This report contains patient's name and DOB, CSI claim number, type of service with service date per line item.

There are (3) types of claims on this report:

1. Processed with a payment or takebacks – Claims will show payments in full or partial pays with payer's adjustment code and takeback reasons

2. Rejected by CSI – Claims your agency submitted to CSI that lack necessary information to be transmitted to the Payer. These claims can be corrected and re-submitted electronically to CSI provided they are within the payers timely filing requirement This is the only report that will show a REJECTED claim

3. Denied by the Payer - If a Payer denies a claim in whole, or partial the denial reason will show under the denied section of this report. If your agency believes the denial is in error, you can appeal by following the appeal process and completing a Provider Resolution Form. If the denial reason is exceeded authorization and the correct authorization approval has been used, most payers will not retro back authorization.
   Denied claims cannot be released again electronically

CLAIMS STATUS INQUIRES

Once you reconcile your AR against the COF and EOP your agency can utilize the Claim Status Inquiry form to request CSI Resolution team to review claims further if needed. Transfer the claim data from the COF and provide the reason you believe claim has not processed correctly

- If a claim has had no resolution after 35 days, from the billed date (column N on the COF) it can be added to this form to have CSI Resolution team review the status with the payer
- A claim that has partially paid and more information is needed that's not on the COF (column E) report
- Claim Status form is located on our website **https://optioncarehealth.com/csi** under the contact us page naviagte to ***Forms,*** email completed form to agencyclaims@optioncare.com
- Once our Resolution Team has completed their review your Claims Status form will be returned via email with our finding. You can expect to receive a repsonse on most claims within 10 business days

APPEAL PROCESS FOR DENIED CLAIMS

- Denied claims from the payer will show on the EOP Report, when requested CSI will appeal a denied claim on your behalf
- Follow the appeal process instructions /form located on our website **https://optioncarehealth.com/csi** under the contact us page navigate to ***Forms***. Once the Provider Resolution form is completed it can be email to our agencyclaims@optioncare.com with the documents that support the reason a reconsideration is being requested. It is the payer's decision to overturn a denial
- CSI will adjust your A/R on the COF report once a claim has been denied, if the payer reverses the denial once CSI receives the funds, we will reverse the adjustment on the COF and pay your agency

PATIENT RESPONSIBILITY

- Review your contract for terms of Patient Responsibility Collections- Any claim that has a self-pay balance and CSI is deemed as the collector; CSI will bill the patient for at least three consecutive billing cycles before turning the patient over to a third-party vendor. If this happens, your agency will be notified via a denial on the EOP and CSI will adjust off the unpaid balance on the COF report under Column F for the claim/line item with the date of this transaction with the adjustment code 688 and description "Patient balance sent to 3rd party collections W/O". Any payments collected by our third-party vendor in whole or partial, CSI will reverse that adjusted amount on the COF and a payment will be sent to your agency.
- If CSI is not deemed as the collector for patient responsibility, CSI will deduct our margin from the payment received for the claim/line item. When a payment does not cover CSI's margin or if no payment is made, CSI will deduct our margin from the balance of the check or future checks. Column F will have code 568 with the description "patient balance-uncollectable "with the date of the transaction, Column R will show the AP adjusted amount of patient responsibility deemed by the primary payer.
- If CSI is not in-network to bill a secondary plan, and a claim/line-item balance remains, column F will have code 569 with the description "Agency to bill secondary direct "with the date of the transaction, Column R will show the AP adjusted amount needed to collect from the secondary plan as deemed by the primary payer. When a payment from the primary does not cover CSI's margin or if no payment is made, CSI will deduct our margin from the balance of the check or future checks.
- Your COF should reflect all transactions against your EOP. With any scenario that CSI margin is not collected from the primary reimbursement there will be a negative amount on column S on the COF for your AP reporting.

- Manage your Accounts Receivable (AR) monthly at minimum by reviewing your COF (claims on file), EOP (Explanation of payment). Any claim that has been submitted to CSI and we were able to successfully submit it to the payer will be on the COF and once processed will be on the EOP report
- If service lines are missing required authorization, you can submit the claim to CSI to bill to the payer, the payer will determine if the claim is payable without an authorization. It will be up to the payer if an appeal can be accepted
- Contracts do contain multiple fee schedules with unique rates, billing units, and billing code requirements, requesting authorizations and submitting claims under the incorrect fee schedule may result in incorrect payments on your account receivable against the COF reporting
- **Go to our website https://optioncarehealth.com/csi for contact information for our different departments and to access and upload needed forms**